LETTER TO THE EDITOR

Neumann’s tumor in newborn: Report of a rare case

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Dear Editor,

A 6-month-old male, healthy baby brought along with their parents to our department complaining of soft tissue mass in the upper anterior region of the alveolar ridge [Figure 1]. History revealed that the swelling was of pea nut size when the baby was born and gradually increased to reach the present size. There was no history of ulceration, bleeding, pain or pus discharge associated with the swelling. Pregnancy and delivery were uneventful. Mother complained that there was a problem with feeding due to a huge mass of the soft tissue. Intra oral examination showed a single, large, irregular, pendunculated, pinkish white, firm, soft tissue growth with rough outer surface attached to the upper anterior part of the alveolar ridge at the canine region. The swelling measured about 12 mm × 10 mm in diameter and was fibrous in consistency. A clinical diagnosis of soft tissue benign tumor was made, and surgical excision was planned as it caused discomfort to the baby.

Neuman’s tumor also known as congenital granular cell tumor (CGCT) or congenital epulis is an uncommon, rare, benign soft tissue tumor, described for the first time in 1891 by Neuman. This tumor is usually diagnosed at birth with three times more predilection for anterior alveolar ridge of the maxilla than the mandible. It is more frequently encountered in females with a ratio of 10:1. Until date, 200 cases have been reported in the literature with 10% of multiple lesions in the same patient. Clinically, the size of the lesion varies from a few millimeters to 15 cm in diameter on gross and usually appears as a protuberant, pedunculated mass. CGCT normally arises from the anterior part of the maxillary alveolar ridge lateral to the midline in the area of the developing primary lateral incisor and canine. The clinical problems encountered are interferences with feeding, respiration, or adequate closure of the mouth. This entity is not found with any other dental malformations or congenital abnormalities. Huge lesions can cause prenatal hydramnios because of ineffective deglutition and postnatal breathing and feeding difficulties.

The recommended treatment of choice is surgical excision under local or general anesthesia. However, spontaneous regression has also been reported in very few patients. Literature shows no reports of recurrence, even when the excision has been incomplete, malignant change or future disruption to gums or teeth. Radical resection is not recommended as it is likely to damage the underlying alveolar bone and developing tooth buds.

References


Figure 1: Soft tissue mass protruding from the maxillary anterior alveolar ridge in 6-month-old baby.